## Grace A. Dow Memorial Library Card Application Midland



Name:																	
	e print (Last)			(First)					(middle Initial)								
Apt. # or P.O. Bo	x:														_		
Street Address:																	
City:	City:					State: Zip:									_		
Home Phone:	Home Phone:			Work Phone: Date of Birth: _										_			
Sex: C	ounty Yo	u live in:		Township:											_		
Driver's License or Michigan ID # Today's Date:												_					
Your Signature:															_		
Special Parental I The above child (young I hereby accept full resp as liability for payment Signature of Parent or I  ******** By E-mail you will reco	ger than 18 ponsibility for the ch Legal Guar	for return ild's overdurdian:	of any and ue fines an	d all libi d dama mail N	rary maged or	iterials lost ma	checko aterials	ed out	t by t	he a	bove	-nam	ned c	hild,	as v		; #: 4
cancelled notices. This is an automated replease be aware that if Patrons can only chan parents or legal guard Patrons are responsible if their e-mail is under	By U.S. message se you share ge their ovians.	<i>Mail</i> you w rvice. Pleas this e-mai vn address	vill receive se do not 1 l address v and the a	e: Final reply to with any ddress o	Notices the aut yone th	omated omated ey will or child	l e-ma have a ren for	il mes access r the v	ssage to th whicl	es you	u rec form ey are	eive. ation	sen d as	t.		<u>ever</u>	<u>1</u>
E-Mail Address:																	]
Signature of E-mail recipient:																	
Signature of Parent or	Guardian	:															
			FOR	OFFIC	E USE	ONLY											
E-mail Verified:		_Township	Verified <u>:</u>		_Р. Тур	e:		P.	Stat	s Ge	nder						
Barcode#:					_Intern	et Acce	ss:	P.	Stat	s. Ge	eog:						
Replacement Y_	N	MIWWV	V	MIJ	UV			P.	Stat	s. Ag	ge:						